ORDER FORM DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING LICENSURE RELATED DOCUMENTS

PHARMACIST

The following documents can be ordered through the Division's contract testing agency, Experior at the address listed below. There is a fee of \$7.50 (includes sales tax) by mail or phone order. Make all checks payable to Experior. Visa and MasterCard are accepted

- 1. Division of Occupational and Professional Licensing Act
- 2. General Rules of the Division of Occupational and Professional Licensing
- 3. Pharmacy Practice Act
- 4. Pharmacy Practice Act Rules
- 5. Utah Controlled Substances Act
- 6. Utah Controlled Substances Act Rules

Please contact:



Experior 5486 South 1900 West, Suite C Taylorsville, Utah 84118 (801) 355-5009

FAX: (801) 355-4008 (credit card orders only)

Please provide the following information. Send this portion of the order form with a check for \$7.50 (includes Utah Sales Tax) in the enclosed envelope to receive the above listed documents. (**Do not mail cash.**)

PHARMACIST (43)

Name			
Mailing Address			
Daytime Phone Number			
Check Mone	y Order	Visa	MasterCard
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(Required for cred	dit card orders)		

